



Commercial Vehicle Relocator License Application
 (Reference Municipal Code Chapter 35 “Towing Policy”)

- New (see page 3 for submittal information)
 Renewal (see page 3 for submittal information)
 New & Renewal Fee: \$125.00

A license is required to operate as a Commercial Vehicle Relocator in the City of DeKalb. Relocator means any person or entity engaged in the business of removing trespassing vehicles from private property by towing or other means.

Application is hereby made for a Commercial Vehicle Relocator License for the period of May 1 through April 30. Incomplete applications will be returned to applicant.

BUSINESS INFORMATION (Type or Print Clearly)

Corporation Name:			
Business Name:			<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Business Address:			
Issue License to:			
Complete Address of Vehicle Impound Lot(s):	Street Address		
	City State, Zip Code		
	Street Address		
	City State, Zip Code		
Capacity of Impound Lot(s):			
Business Hours and Days of Operation:			
Business Office Hours and Days of Operation:			
Contact Information for After Business Hours or After Business Office Closure:	Name:		
	Phone No.:		
	Email Address:		

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO THE CITY

Are there any liens against the property by the City of DeKalb? Yes No

Do you owe money to any other City of DeKalb department? Yes No

IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

Name of Business Owner	Street Address		
	City State, Zip Code		
	Phone No.		
	Email Address		
Name of Business Manager	Street Address		
	City State, Zip Code		
	Phone No.		
	Email Address		

LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED

Mail or Email Correspondence to: (including renewal applications) Business Owner Business Manager

Mail or Email copy of license to a different address? Yes No

If yes, please provide mailing address and/or email address below:

Street Address

City State, Zip Code

Email Address

VEHICLES (Please use a separate sheet of paper if necessary)

VEHICLE MODEL: _____

VEHICLE YEAR: _____

SERIAL NO.: _____

LICENSE NO.: _____

VEHICLE MODEL: _____

VEHICLE YEAR: _____

SERIAL NO.: _____

LICENSE NO.: _____

VEHICLE MODEL: _____

VEHICLE YEAR: _____

SERIAL NO.: _____

LICENSE NO.: _____

VEHICLE MODEL: _____

VEHICLE YEAR: _____

SERIAL NO.: _____

LICENSE NO.: _____

REQUIRED DOCUMENTS

Confirm that the following documents are included with this application:

- Proof of current Security (Certificate of Insurance) as required by Chapter 35, Section 35.11.
- A completed copy of your most current Illinois Commerce Commission Relocator's License Application or Renewal.
- A valid copy of your Illinois Commerce Commission Relocator's License.
- Applicable fees as outlined in this application. (Make checks payable to "City of DeKalb")

The undersigned hereby states under oath that the information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, claim of liability, or other relief, asserted against the City resulting from the issuance of this license. The undersigned applicant hereby states that he/she understands that tow vehicles may be subject to inspection by the Police Chief or designee at the time of license application and renewal. The undersigned applicant agrees that further information may be required as deemed by the Police Chief.

Signature:

Print Name & Title:

Date:

SUBMITTAL INFORMATION

Submit application for NEW licensure to: *(original document only; do not email)*

City of DeKalb
Attention: City Manager's Office
200 S. Fourth Street
DeKalb, Illinois 60115

Submit application for RENEWAL licensure to: *(original document only; do not email)*

City of DeKalb
Attention: Finance Division
200 S. Fourth Street
DeKalb, Illinois 60115

FOR CITY USE ONLY

Date Payment Received: _____

Fee Paid: \$ _____

Check #: _____

Cash:

License No.: _____

Approved by the Police Chief or Designee: Yes No

****THIS FORM MUST ACCOMPANY APPLICATION****

EMERGENCY CONTACT INFORMATION BUSINESS	DEKALB POLICE & FIRE DEPARTMENT FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer
BUSINESS NAME: _____	STANDPIPE LOCATION: _____
BUSINESS ADDRESS: _____	KNOX BOX LOCATION: _____
PHONE NUMBER: (_____) _____	OTHER FIRE DEPARTMENT INFORMATION: _____
DATE OF UPDATE: _____	
EMERGENCY CONTACT INFORMATION	
Emergency contact personnel will be called in the order listed, beginning at number one and continuing down the list.	
CONTACT #1	
NAME: _____	
HOME PHONE: (_____) _____	
CELL PHONE: (_____) _____	
CONTACT #2	ADDITIONAL INFORMATION
NAME: _____	ALARM COMPANY NAME: _____
HOME PHONE: (_____) _____	ALARM COMPANY PHONE NUMBER: _____
CELL PHONE: (_____) _____	(_____) _____
CONTACT #3	BUSINESS HOURS:
NAME: _____	MONDAY OPEN: _____ CLOSE: _____
HOME PHONE: (_____) _____	TUESDAY OPEN: _____ CLOSE: _____
CELL PHONE: (_____) _____	WEDNESDAY OPEN: _____ CLOSE: _____
	THURSDAY OPEN: _____ CLOSE: _____
	FRIDAY OPEN: _____ CLOSE: _____
	SATURDAY OPEN: _____ CLOSE: _____
	SUNDAY OPEN: _____ CLOSE: _____
CONTACT #4	FOR POLICE DEPARTMENT USE ONLY
NAME: _____	<input type="checkbox"/> NEW STREET
HOME PHONE: (_____) _____	<input type="checkbox"/> NEW CONSTRUCTION
CELL PHONE: (_____) _____	<input type="checkbox"/> ESTABLISHED BUSINESS/NEW ADDRESS
	<input type="checkbox"/> NEW BUSINESS/ESTABLISHED ADDRESS
	<input type="checkbox"/> NEW BUSINESS/NEW ADDRESS
	<input type="checkbox"/> BUSINESS CLOSED
	DATE RECEIVED: _____
	BY TC#: _____
	DATE CAD MODIFIED: _____
	BY TC#: _____
IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE CITY MANAGER'S OFFICE AT (815) 748-2090.	